

Exhibit “2”

AMTREN CORPORATION
NEW EMPLOYEE HIRE FORM

EMPLOYEE NAME:

Janice McCallum

EFFECTIVE DATE OF CHANGE:

4/1/05

CHANGE REQUIRED:

Position Title:

From: _____ To: _____

Position Class

From: _____ To: _____

Pay Rate: Wkly or Hrly

From: 1153.85 To: 1211.53

Pay Method

From: _____ To: _____

(Changing to Direct Deposit Requires copy of a voided check)

SUPERVISOR'S SIGNATURE:

OTHER CHANGE-PLEASE CIRCLE ONE:

Address

Marital Status

Tax Exemptions-fill out new tax forms

Bank Account-provide copy of voided check for the new account

Health Insurance-fill out new health insurance forms

PLEASE LIST CHANGE:

